

<b>Case Number:</b>	CM14-0068729		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	04/12/2012
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 40 year old male with a date of injury of 04/12/2012. He had a sprain/strain of the accepted body parts of injury are neck, back and left elbow. He has been treated with physical therapy, medications and acupuncture. In the PR-s of 08/02/2013 there were no documented objective findings on examination. Lumbar MRI on 08/22/2013 did not substantiate any symptoms. The only pathology was a T1 hemangioma. On 03/04/2014 it was noted that the cervical epidural steroid injection provided not relief of the neck pain.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Flurbiprofen 20%/Tramadol 20%/Cyclobenzaprine 4% cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Topical Analgesics Page(s): 22, 67-68; 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** MTUS Chronic Pain Topical Analgesics notes, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety." Also noted, "Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." The above compounded topical analgesic contains

NSAIDS and muscle relaxants. There is no evidence that the use of a topical muscle relaxant is effective. Thus, the above topical cream is not medically necessary as per the MTUS.

**Gabapentin 10%/Amitriptyline 10%/ Dextromethorphan 10%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Topical Analgesics Page(s): 22, 67-68; 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** MTUS Chronic Pain Topical Analgesics notes, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety." Also noted, "Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." The above topical compound cream contains Gabapentin 10%. According to MTUS topical Gabapentin is "not recommended. There is no peer reviewed literature to support its use." Thus, the requested compound topical is not medically necessary.